

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Moultrie MultiCorp

Service Provider Name

Moultrie Independent Telephone Company

Company Address, City, State, Zip

111 State & Broadway, P. O. Box 350, Lovington, IL 61937

Service Provider Type

☐ Wireless

☒ Wireline

ILEC

Name(s) of Wireless License Holder(s)

N/A

Contact Name

David A. Cawthon

Contact Tel #

217.873.5211

Fax #

217.873.4991

E-mail Address

dcawth@one-eleven.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Lovington, Illinois and surrounding area in Moultrie County

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

The Moultrie County Board is working to identify and approve the PSAP location.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Moultrie Independent Telephone Company will install routing translations to the PSAP location when notified of that location by the Moultrie County Board.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

A projected date is pending the submission of a service request to Moultrie Independent Telephone from the Moultrie County Board.

Section 3 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

Signature - **David A. Cawthon**

David A. Cawthon

Printed name of authorized representative

Title - **General Manager**

Date - **March 7, 2002**

This filing is: ☒ original filing ☐ revised filing

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